

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
691629810

FILING DATE
7.31.00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6		5	1			
7		5	1			
8		5	1			
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TOTAL IND.	2		2			
TOTAL DEP.	37	↓	13	↓		↓
TOTAL CLAIMS	39	██████	15	██████	██████	██████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		██████		██████	██████	██████